



TRICARE
AREA OFFICE
EUROPE

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
UNIT 10310, Bldg 214
APO AE 09136

27 Dec 05

MEMORANDUM FOR ERMIC COMMANDER/OCSURG USAREUR
COMUSNAVEUR-COM SIXTHFLT
COMMAND SURGEON, USAFE
COMMAND SURGEON, EUCOM

SUBJECT: Guidelines for Approval and Network Use for Cosmetic/Plastic and Morbid Obesity Surgeries in Host Nation Facilities

1. TRICARE Area Office-Europe (TAO-E) is committed to ensuring that authorized benefits are properly administered by qualified medical professionals in the civilian network. Cosmetic, plastic and morbid obesity surgeries performed in the host nation system have historically presented a unique management challenge. In applying industry standard tools, we are ensuring our population is being managed efficiently and effectively, meeting the needs of both the beneficiary and the provider. Outcomes are dependent on patient suitability as well as provider and facility experience.
2. These guidelines provide a uniform mechanism for TRICARE Overseas Program (TOP) in Europe Prime and Standard beneficiaries to request pre-approval for cosmetic, plastic or morbid obesity surgeries at host nation facilities.
3. If you have any questions, my point of contact at TRICARE Area Office- Europe is Muriel D. Metcalf at DSN - 496-6362 or COL Kent Bradley at DSN: 496-6309 Or Civ: 49 (0) 6302-67-6309.

E.S. NIEMYER
CAPT, NC, USN
Director

Attachment:

1. APPROVAL AND NETWORK USE FOR MORBID OBESITY/COSMETIC/PLASTIC SURGERIES IN HOST NATION FACILITIES with Appendix A, B, C and D

TRICARE AREA OFFICE - EUROPE

APPROVAL AND NETWORK USE FOR MORBID OBESITY/COSMETIC/PLASTIC SURGERIES IN HOST NATION FACILITIES

1. REFERENCES:

- a. TRICARE Policy Manual 6010.54-M, Aug 2002 , Chapter 1 - Administration
 - (1) Section 2.1, Unproven Devices, Medical Treatment, and Procedures, Issue Date 1 Nov 1983
 - (2) Section 1.1, Exclusions, Issue Date 1 Jun 1999
- b. TRICARE Policy Manual 6010.54-M, Aug 2002 Chapter 4 – Surgery and Related Services
 - (1) Section 1.1, Complications (Unfortunate Sequelae) Resulting From Noncovered Surgery or Treatment, Issue Date 11 Apr 1984
 - (2) Section 2.4, Cosmetic, Reconstructive and Plastic Surgery-General Guidelines, Issue Date Oct 22, 1985
 - (3) Section 3.1, Laser Surgery, Issue Date 12 Sep 1986
 - (4) Section 5.1, Integumentary System, Issue Date 26 Aug 1985
 - (5) Section 5.2, Post mastectomy Reconstructive Breast Surgery, Issue Date 7 Oct 1982
 - (6) Section 5.3 Prophylactic Mastectomy & Prophylactic Oophorectomy, Issue date 25 Oct 1993
 - (7) Section 5.4, Reduction Mammoplasty for Macromastia, Issue Date 22 Oct 1985
 - (8) Section 5.6, Silicone or Saline Breast Implant Removal, Issue Date 30 Jun 1993
 - (9) Section 5.6 Breast Construction as a Result of a Congenital Anomaly, Issue Date 16 Apr 1986
 - (10) Section 5.7, Gynecomastia, Issue Date 18 May 1994
 - (11) Section 13.2, Surgery for Morbid Obesity, Issue Date 9 Nov 1982
- c. TRICARE Policy Manual 6010.54-M Chapter 7 – Medical Services
Section 17.1, Dermatological Procedures – General, Issue Date 19 Apr 1983
- d. TRICARE Policy Manual 6010. 54-M, Aug 2002, Chapter 12-TRICARE Overseas Program
- e. 32 C.F.R. 199.2, CHAMPUS, Definitions, 18 Apr 2005
- f. 32 C.F.R. 199.4, CHAMPUS, Basic Program Benefits, 18 Apr 2005

2. **PURPOSE:** To establish procedures for referring TOP Prime and Standard beneficiaries to civilian host nation facilities for cosmetic/ plastic or morbid obesity surgery. These guidelines align TRICARE Europe with CONUS procedures for pre-approval of cosmetic, plastic and morbid obesity surgery. Mechanisms are outlined for care pre-approval. Key criteria of TRICARE guidelines, referenced above are highlighted: complete current TRICARE Policies can be found on the internet at <http://www.TRICARE.osd.mil/TRICAREmanuals/>.

3. **SCOPE:** These guidelines clarify the approval process for Region 13 beneficiaries seeking surgery for cosmetic, plastic or morbid obesity surgeries in accordance with references (a) through (f).

4. DEFINITIONS:

a. Pre-approval: Also known as a preadmission certification, preadmission review, prospective review, precertification and prior approval. The process of obtaining certification or approval from the

health plan or its designated representative to determine if benefits are payable for certain services before care or treatment is rendered. Involves appropriateness review against established criteria to determine if treatment is medically necessary. Failure to obtain pre-approval can result in a financial penalty to either the provider or beneficiary.

b. Congenital Anomaly: A condition existing at or from birth that is a significant deviation from the common form or norm and is other than a common racial or ethnic feature. Note that congenital anomalies do not include anomalies relating to teeth (including malocclusion or missing tooth buds) or structures supporting the teeth, or to any form of hermaphroditism or sex gender confusion..

c. Cosmetic, Reconstructive or Plastic Surgery: Surgery that can be expected primarily to improve the physical appearance of the beneficiary or that is performed primarily for psychological purposes, or that restores form, but does not correct or improve materially a bodily function.

d. Morbid obesity: The body weight is 100 pounds over ideal weight for height and bone structure according to the most current Metropolitan Life Table, and such weight is in association with medical conditions known to have higher mortality rates in association with morbid obesity; or, the body weight is 200 percent or more of the weight for height and bone structure according to the current Metropolitan Life Table. The associated medical conditions are diabetes mellitus, hypertension, cholecystitis, narcolepsy, pickwickian syndrome (and other severe respiratory disease), hypothalamic disorders and severe arthritis of the weight-bearing joints.

e. Pre-approval Requirement: All Region 13 beneficiaries seeking plastic, cosmetic or morbid obesity surgery are required to obtain prior approval to ensure procedures requested are covered.

5. POLICY:

a. All consults for host nation provided bariatric and plastic, reconstructive, or cosmetic surgery must receive pre-approval from TAO-Europe.

b. Prior to submission of any consult for morbid obesity, plastic, reconstructive, or cosmetic surgery the referring provider must complete the appropriate checklist (see attachments or download from <http://www.europe.TRICARE.osd.mil/clinicalpolicies>).

c. Approval for any morbid obesity, plastic, reconstructive, or cosmetic surgery will be for a specific beneficiary to see a specific provider. Approvals are not to be viewed as open to be accomplished by any provider the beneficiary chooses.

6. RESPONSIBILITIES.

a. Referring Provider:

(1) Document clinical findings and recommendations, communicating those recommendations to the patient. Clinical documentation should support the surgery being considered or recommended. The Primary Care Manager (PCM) will complete the TAO Europe PCM form for the patient needing Reduction Mammoplasty (Appendix A) or Abdominoplasty (Appendix B) or Morbid Obesity Surgery (Appendix C). Note that plastic cosmetic surgery requested post gastric bypass will not be approved unless the patient is 18 months out from the surgery with a documented stable weight for a period of 4 months.

(2) Submit clinical documentation and referral to their local TRICARE Service Center. Release of information should follow Service guidance for confidentiality and documentation of "Patient release of information" for care coordination and claims reimbursement purposes.

(3) Pending receipt of pre care approval:

(a) Participate in securing an accepting provider based on the treatment needs of the patient and provides the necessary documentation.

(b) Coordinates with the beneficiary's host nation attending physician, obtains pertinent clinical data, and coordinates discharge planning to ensure continuity of care.

(c) Communicates with the TRICARE Area Office- Europe (TAO) on any quality of care concerns and issues regarding treatment provided by a host nation physician or at a host nation facility.

b. TRICARE Service Center (TSC):

(1) The local TSC provides the administrative support for the approval process. Specific responsibilities include:

(a) Review the request to ensure it is a covered benefit under TOP.

(b) Check eligibility of the beneficiary and provides a copy of DEERS/enrollment verification paperwork, along with an approval request and clinical documentation to TAO-Europe. Ensure that a confidentiality statement is on the fax coversheet. Ensure good phone/fax contact numbers are provided. Send the request via facsimile to: TAO/ATTN: Nurse Case Manager --Plastic/Cosmetic Approval request

- Primary line: DSN: 496-6377
- Commercial outside of Germany: 49-6302-67-77
- Commercial within Germany 06302-67-6377
- Alternate line: DSN: 496-6378
- Alternate Commercial outside of Germany: 49-6302-67-6378
- Alternate Commercial within Germany: 06302-67-6378

(2) Coordinate information between patient, host nation provider, primary care provider and TAO-Europe for appointments, reports, and surgical dates. Send care approval paperwork received from TAO-Europe to the referral physician and/or facility.

(3) Documents the approval by issuing a care authorization within the Enterprise Wide Referral and Authorization System (EWRAS) "Non-Availability Statement (NAS)" system in accordance with guidance provided by the TAO-Europe Regional Operations Division. A NAS should not be entered into the system if a hard copy approval form has not been received from TAO-Europe.

(4) Communicate with TAO-Europe on any feedback received from the beneficiary and/or family member on concerns or issues with the host nation facility or host nation provider.

c. TRICARE Area Office- Europe (TAO): The TAO is the centralized point of contact for pre-approval. Responsibilities include:

(1) Ensuring designated personnel within TAO –Europe issue a care approval. The list of designated authorizing personnel is provided to Wisconsin Physician Services (WPS), TRICARE Overseas Program claims payer.

NOTE: The Care Approval must be attached to the claim in order for WPS to pay. A paper approval form will be used for claims submitted from OCONUS plastic/cosmetic and morbid obesity surgery to facilities and providers to enable identification of designated authorizing personnel.

(2) TAO-Europe will process the approval request within 7 workdays of receipt of the completed paperwork. TAO-Europe will send the denial letter or notify the TSC, which initiated the request, if the procedure is approved. When a surgical date is set, the care approval will be faxed or emailed to the appropriate TSC.

(3) An instruction letter on the appeal process will accompany any denial that is open to the appeal process. A response from the TRICARE Area Office Europe Medical Director will respond to any appeal letter within 30 working days.

Appendix A

TAO-Europe PCM Sheet for Reduction Mammoplasty
Pre-Approval Referral Form
Date _____

Patient Name:
SSN:
Pt email address:
Pt phone #:
PCM email address:

Relevant Physical Findings: *i.e. Describe any limitations of physical activity as a result of Macromastia and length of time patient has been experiencing problems.*

Height:

Weight:

Bra Size:

Symptoms: *Circle those that are a result of Macromastia:*

Postural Backache	Upper Back Pain	Neck Pain	Ulnar Paresthesia
Shoulder Grooving	Intertrigo	Pain of Breast	Poor Posture

NOTE: Macromastia is distinguished from large, normal breasts by the presence of persistent, painful symptoms and physical signs. The policy excludes reduction mammoplasty to treat fibrocystic disease of the breast or mastopexy surgery for breast ptosis. Also, the beneficiary should be informed prior to the procedure that they might have scarring and inability to breastfeed post reduction mammoplasty. The host nation provider should address specific concerns with each patient.

PCM Signature

Date

TSC Use Only (FAX Checklist to TAO-E ATTN: CASE MANAGER)
496-6377 FAX or commercial 0049 (0) 6302-67-6377

The following documentation is attached to this form:

- ☐ DEERS Eligibility Sheet
- ☐ Treatment Plan from Host Nation Provider to Include Surgical Date
- ☐ Date of MOU for Host Nation Provider to be in PPN with qualifications for this particular procedure: _____

New Form Nov 2005

Appendix B

TAO-Europe PCM Sheet for Abdominoplasty Pre-Approval Referral Form Date _____

Patient Name:
SSN:
Pt Email Address:
Pt phone #:
PCM email address:

NOTE: Abdominoplasty and/or removal of the overhanging lower abdominal **panniculus** are **considered cosmetic** procedures. TRICARE will not cover these procedures or for repair of a **diastasis recti** in the absence of a true midline hernia (ventral or umbilical).

On rare occasions, abdominoplasty **may be considered for coverage** with determination of medical necessity. Primary Care Manager must indicate all that apply:

- ☐ Overhanging pannus below the symphysis pubis
AND
☐ Evidence of skin breakdown; skin rashes or intertrigo recalcitrant to conventional treatment for over 12 months
AND
☐ Evidence of greater than 100 lb weight loss (from peak weight to present) with stabilization of weight in the past 4 months. (the amount may be waived based on height and other considerations)
AND IF Status Post Gastric Bypass Surgery:
☐ At least 18 months from gastric bypass surgery

If patient is female:

- ☐ Counsel patient that if approved for abdominoplasty that subsequent pregnancy may warrant denial for any future abdominoplasty requests.

Height:

Weight:

PCM Signature

Date

TSC Use Only (FAX Checklist to TAO-E ATTN: CASE MANAGER)
496-6377 FAX or commercial 0049 (0) 6302-67-6377

The following documentation is attached to this form:

- ☐ DEERS Eligibility Sheet
☐ Treatment Plan from Host Nation Provider to Include Surgical Date
☐ Date of MOU for Host Nation Provider to be in PPN with qualifications for this particular procedure: _____

APPENDIX C

MORBID OBESITY SURGERY PRE-APPROVAL CRITERIA

Date: _____

Patient Name:	
Age:	Height/Weight
Pt email address:	Pt Phone #:
PCM email address:	

Step 1: Patient Review (All items must be checked by the PCM)

☐ Documented morbid obesity for 5 years. Meets definition (>100lbs of ideal body wt with one or more co-morbid conditions or > 200% of ideal body weight). List any co-morbid conditions:

- ☐ DEROS date at least 12 months from the anticipated surgical date. Date of DEROS: _____
- ☐ Participation in a documented nutrition/ exercise program for a cumulative total of 6 months with documented ability to lose 10-15 lbs with the last two years. (patient inability to comply with a diet and exercise regiment prior to surgery indicates poor compliance and an increased risk of adverse outcomes)
- ☐ Comprehensive evaluation and review of significant medical or psychiatric history by their Primary Care Manager (PCM), surgeon or mental health professional/ counselor indicating good candidacy, readiness for bariatric surgery, and confirmation of positive family support system.
- ☐ Education regarding the need for life long follow up.
- ☐ The patient has been advised that TRICARE policy does not cover breast lifts, thigh and arm reduction, and that an abdominoplasty must be deemed medically necessary to be covered by TRICARE.

Step 2: Facility/PPN Review (all items must be checked in order to be considered for approval):

- ☐ Name of Host Nation Provider to perform the surgery: _____
- ☐ Name of Hospital where surgery is to be performed: _____

Post Operative Plan (all items must be checked in order to be considered for approval):

- ☐ Dietary Counseling Provider or location: _____
- ☐ Mental Health Provider or location if required: _____
- ☐ Laboratory assessment plan for possible nutritional deficiency: _____

PCM Signature: _____ Date: _____

TSC Use Only (FAX Checklist to TAO-E ATTN: CASE MANAGER)
496-6377 FAX or commercial 0049 (0) 6302-67-6377

The following documentation is attached to this form:

- ☐ DEERS Eligibility Sheet ☐ Treatment Plan from Host Nation Provider to Include Surgical Date
- ☐ Date of MOU for Host Nation Provider to be in PPN with qualifications for this particular procedure.
- Documentation must include that they have received specialized training in the performance of Roux en Y or vertical banding gastroplasty. They must perform at least 35 procedures a year:



APPENDIX D
OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS
UNIT 10310
APO AE 09316

**TRICARE
AREA OFFICE-
EUROPE**

2 November 2005

MEMORANDUM FOR SERVICE MANAGED CARE OFFICERS

SUBJECT: Review Procedure for Denied Morbid Obesity or Cosmetic Plastic Surgery Pre-approval Requests

1. The following memorandum replaces the memorandum, dated 14 January 2003, under the same Subject.
2. **INTRODUCTION.** TRICARE Area Office-Europe Office (TAO-E) established a formal review process to provide pre-care authorization for TRICARE Europe Prime/Standard enrollees for whom morbid obesity surgery or cosmetic /plastic surgery has been recommended. It is anticipated that a subset of beneficiaries whose cases have not met the benefit criteria for pre-approval will make a request for further review. This memorandum defines a procedure for review of a denied pre-approval.
3. **INTERNAL SECONDARY REVIEW.** When a pre-approval is denied, an explanation of why benefit criteria weren't met will be supplied to the TRICARE Service Center (TSC), along with a reminder that there is a 60-day time limit on a request for a second review. If either the provider or the patient believes that the facts were not considered correctly or have additional documentation to address the reason for the denial, they can forward their documentation to the TAO-E Regional Case Manager and request in writing a second review. The Case Manager will provide the documentation to the Medical Director for a second review. The beneficiary or provider must request a review within 60 days after TAO-E has sent documentation informing the beneficiary's TSC of the denied request. The beneficiary's TSC will be notified of the results of the medical director's review within 30 calendar days of receipt of the request for review.
4. **EXTERNAL REVIEW.** If the beneficiary or their provider does not understand or agree with the rationale behind a review's outcome and wishes to request another review of their denied request for pre-approval, they will be asked to provide a request for an external review in writing. That request must be made to TAO-E within 60 days after the beneficiary's TSC has been notified of the results of the medical director's review. The TAO-E medical director will request an external review by an appropriate surgical specialist within 30 calendar days. TAO-E then has 15 calendar days to notify the beneficiary's TSC of the results of the external review. TAO-E is not bound by the recommendation of the external reviewer, but if the final decision after external review is convergent from the reviewer's findings and recommendations, the TAO-E Medical Director must explain in writing why the final decision differs from the external reviewer's recommendation.
5. **APPEAL OF DENIED CLAIM.** There is no review procedure past the external review. The decision following that review is final. At that point the beneficiary may choose to proceed with the procedure at his or her own cost. If they file a claim, and if the claim is also denied, the beneficiary can then begin an appeal process based on the denied claim following the process defined in the TRICARE Operations Manual 6010.54-M, Chapter 13, Section 2.
6. **LIMITATIONS.** Only the affected beneficiary or the referring provider may initiate a request for internal or external review.

ELIZABETH S. NIEMYER
CAPT, NC, USN
Executive Director